

# Client Identification Form

As a reporting entity under the *Anti-Money Laundering and Countering Financing or Terrorism Act 2009*, Larsen, Patterson & Willson Limited (LPW Accounting) has obligations to conduct customer due diligence on its clients.

This form needs to be completed by each entity (ie Company, Trust, Partnership, etc) (if one exists) and each individual on all occasions. Guardian of minors (16 years and younger) can complete this form on their behalf.

Full Legal Name	
Preferred Name (If Different)	
Trading Name (If Different)	
IRD Number	
Residential Address	..... ..... .....
Postal Address (If Different)	..... ..... .....
Email Address	
Contact Phone Number (Home/Business/Mobile)	Home..... Business..... Mobile.....
Preferred Communication	
Particulars of the nature and purpose of the engagement (ie Accounting Services)	
Are you a NZ Citizen or Resident? If no, what is your country of residence/citizenship?	
Are you a Politically Exposed Person? (If uncertain please ask)	
How did you hear about us? (If you are a new client)	
Person legally authorised on act on behalf of client (If Any)	
Sources of Wealth	

# Non-Client Information Form

This information form is for associated person of an entity (who have not completed a client identification form) and is required if you are one of the following:

- Shareholders with over 25% holding of the Company
  - If the shareholder is a Trust or Company, the associated person/s of that entity are also required
- Director/s of the Company
- Any other person acting on Behalf of the Company
- Trustee of Trusts and Estates
- Individuals holding Power of Appointment of Trustees for Trusts
- Beneficiaries of Trusts and Estates
- Any other person acting on Behalf of Trust or Estate
- Person acting on behalf of Individual (excluding Guardian of minor)

	<b>1<sup>st</sup> Individual</b>	<b>2<sup>nd</sup> Individual</b>	<b>3<sup>rd</sup> Individual</b>	<b>4<sup>th</sup> Individual</b>
Relationship to Client				
Full Legal Name				
Date of birth				
Residential address (If as per Client please write APC)				

	<b>5<sup>th</sup> Individual</b>	<b>6<sup>th</sup> Individual</b>	<b>7<sup>th</sup> Individual</b>	<b>8<sup>th</sup> Individual</b>
Relationship to Client				
Full Legal Name				
Date of birth				
Residential address (If as per Client please write APC)				

	<b>9<sup>th</sup> Individual</b>	<b>10<sup>th</sup> Individual</b>	<b>11<sup>th</sup> Individual</b>	<b>12<sup>th</sup> Individual</b>
Relationship to Client				
Full Legal Name				
Date of birth				
Residential address (If as per Client please write APC)				

# AML Identification Requirements

Trusts must provide Trust Deeds and any minutes for change in Trustees and/or Beneficiaries  
 Estate must provide Death Notice, Probate and Will

**For all Individuals (excluding those only beneficiaries of trusts or estate) the following identification is required.**

We need a copy of the following documents from you:

- Passport **OR** Firearms Licence **AND**
- A utility bill (e.g. power or internet) or a New Zealand bank statement which has been issued by a registered bank in the last twelve months which verifies your residential address

If you do not have a valid Passport or Firearms Licence, then we will need a copy of:

- NZ Driver's Licence **AND** an EFTPOS, Debit, Credit card issued by a registered bank embossed with your name and signed by you; **OR**
- NZ Driver's Licence **AND** your Birth Certificate;

**AND**

- A utility bill (e.g. power or internet) or a New Zealand bank statement which has been issued by a registered bank in the last twelve months which verifies your residential address

**Please photocopy BOTH sides of your driver's licence and EFTPOS, Debit or Credit Card.**

**Photo ID provided must not be expired.**

If you are unable to provide any of the above please contact us as soon as possible.

## Document Certification

We **can** verify the documents at our office

If unable to verify at our office, this can only be done by the following people:

### List of Trusted Referees

Chartered Accountant  
 Member of the Police  
 Registered Medical Doctor  
 Minister of Religion  
 Notary Public  
 Justice of the Peace  
 Registered Teacher  
 Lawyer  
 Member of Parliament  
 Registrar / Deputy Registrar of the High Court

<b>Office Use Only</b>													
	Client	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11t	12th
Passport or Firearms Licence													
NZ Drivers Licence & Bank Card													
NZ Drivers Licence & Birth Cert													
Address Verification													
Identification Complete													

Companies Office Extract – Check off Directors and Shareholders with over 25% (Save in folder)	
Trusts Deed – Check off Trustees, Beneficiaries and Power of Appointment (Scan into folder)	
Legal Documentation regarding Person Authorised to Act on behalf of client (Scan into folder)	
Form, IDs and Address Verification scanned into client folder under AML	
Client Engagement letter signed	

**Signature**

**Date**